

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Pima  
 District of \_\_\_\_\_  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of Miami

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 107

2. Full name of child Paul Lorenzo No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 6 12 25  
 Month Day Year

8. FATHER  
 Full name Vicente Lorenzo

9. Residence (Usual place of abode) Miami  
 If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Mexico  
 (State or country)

13. Occupation  
 Nature of industry Miner

14. MOTHER  
 Full maiden name Cecilia Graueado

15. Residence (Usual place of abode) Miami  
 If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Mexico  
 (State or country)

19. Occupation  
 Nature of industry H.W.

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 3  
 (b) Born alive but now dead 1  
 (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 6 a.m. on the date above stated  
 (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. E. Drown (Physician or midwife).  
 Address Miami, Fla.

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Filed June 15, 1925 Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

926-612-372